

PUBLIC PROTECTION CABINET DEPARTMENT OF HOUSING, BUILDINGS & CONSTRUCTION MANUFACTURED HOUSING SECTION 101 SEA HERO ROAD, SUITE 100 FRANKFORT, KY. 40601-5412 (502) 573-1795 FAX (502) 573-1059



LICENSE AND CERTIFICATION RENEWAL APPLICATION

Please Select One: [] Licensed Retailer (Manufa [] Certificate of Acceptability		
Name [Company or individual]:		
2. Business or Personal Address:		
City:	State:	Zip:
County:	Current License # or Certification #:	
Phone: Fax:	E-mail:	
3. Mailing Address:	City:	State: Zip:
4. Name of Chief Managing Officer:		
5. *** An Updated Certificate of Insurance M must be listed as a certificate holder.	UST be attached . The Depar	tment of Housing, Buildings and Construction
6. *** Retailer License ONLY: A copy of your of	current Certified Installer Car	rd MUST be attached or:
Name of Certified Installer/Manager:		Certification #:
7. Renewal Fee. Please enclose the required renew the renewal application:	wal fee by check or money orde	er payable to the Kentucky State Treasurer with
 a. \$500 fee for certificate of acceptability; b. \$250 fee for licensed retailer (manufaction) c. \$200 fee for licensed retailer (recreation) c. \$50 fee for a certified installer (manufaction) 	ured homes) aal vehicles); or	
8. Certified Installers ONLY: Provide proof o compensation insurance.	of completion of continuing ed	ucation requirements AND Proof of workers'
*** Please note that if you do not send in this ap or certification will automatically be made inact		formation by the required date, your license
INITIAL ALL THAT APPLY:		
I have been convicted of a felony or a misdemean YES or NO If you marked yes you have been convicted of a fel at this time. Please contact the Manufactured House	lony or misdemeanor, you migh	t not be able to receive a license or certification
Pursuant to KRS164.772, if you are in default of s you cannot receive a license or certification unle Section for further information.		
Signature of Applicant:		DATE:

